

IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

RADHIKA VEGESNA, Personal Representative of the ESTATE OF RAJESH PADMARAJU, Deceased Plaintiff	:	
VS.	:	NO. 03-295 ERIE
ISD TRANSPORTATION COMPANY, INC., MANDEEP SINGH, SAMINDER SINGH, and SAMINDER SINGH, d/b/a ISD TRANSPORTATION COMPANY, INC., Defendants	:	
RADHIKA VEGESNA, Personal Representative of the ESTATE OF RAJESH PADMARAJU, Deceased Plaintiff	:	
VS.	:	NO. 03-317 ERIE
SAMINDER SINGH and SAMINDER SINGH, d/b/a ISD TRANSPORTATION COMPANY, INC., Defendants	:	
RADHIKA VEGESNA, Personal Representative of the ESTATE OF RAJESH PADMARAJU, Deceased Plaintiff	:	
VS.	:	NO. 04-34 ERIE
ISD TRANSPORTATION, COMPANY, INC., SAMINDER SINGH, SAMINDER SINGH, d/b/a ISD TRANSPORTATION COMPANY, INC., MANDEEP SINGH and GURMINDER SINGH, Defendants	:	

PLAINTIFF'S REQUESTS FOR
ADMISSIONS DIRECTED TO DEFENDANT, MANDEEP SINGH

AND NOW comes the Plaintiff, RADHIKA VEGESNA, by her counsel, ANDREW J. CONNER of CONNER RILEY & FRYLING, 17 West Tenth Street, P.O. Box, Erie, Pennsylvania 16512-0860, and, pursuant to Rule 36 of the Federal Rules of Civil Procedure, submits the following Requests for Admissions directed to the

Defendant, Mandeep Singh, all of which are to be answered within thirty (30) days under oath in accordance with the Federal Rules of Civil Procedure.

1. Does the Defendant, Mandeep Singh, admit that attached hereto as Exhibit "A" is a copy of the original and supplemental Pennsylvania State Police report (19 pages) of the October 5, 2001 collision giving rise to the death of Rajesh Padmaraju?

ADMITTED.

DENIED.

2. Does the Defendant, Mandeep Singh, admit that attached hereto as Exhibit "B" is a copy of his California Commercial Driver's License in effect as of October 5, 2001?

ADMITTED.

DENIED.

3. Does the Defendant, Mandeep Singh, admit that after the October 5, 2001 fatality, giving rise to this action, he advised the Pennsylvania State Police of his phone number, (661) 746-2900, which the Pennsylvania State Police correctly recorded on page 6 of Exhibit "A"?

ADMITTED.

DENIED.

4. Does the Defendant, Mandeep Singh, admit that his residence address on his California Commercial Driver's License is accurately recorded as 30348 Madera Drive, Shafter, California 92363?

ADMITTED.

DENIED.

5. Does the Defendant, Mandeep Singh, admit that phone number (661) 746-2900, as of October 5, 2001, was issued in the name of Karmjit Kaur at 30348 Medera Avenue, Shafter, California 93263?

ADMITTED.

DENIED.

6. With respect to Karmjit Kaur, as of October 5, 2001, does the Defendant, Mandeep Singh:

(a) Admit he was personally acquainted with him?

ADMITTED.

DENIED.

(b) Deny he was personally acquainted with him?

ADMITTED.

DENIED.

7. Does the Defendant, Mandeep Singh, admit that as of January 31, 2002, phone number (661) 746-2935, was listed to

Mandeep Singh and Manjinder Singh, 475 North Wall Street,
Shafter, California 93263?

ADMITTED.

DENIED.

8. Does the Defendant, Mandeep Singh, admit the following with respect to phone number (661) 746-2935, made reference to in the previous Request for Admission:

(a) It had not been listed in his name as of October 5, 2001?

ADMITTED.

DENIED.

(b) It had been first listed in his name on a date after October 5, 2001 and prior to January 31, 2002?

ADMITTED.

DENIED.

Respectfully submitted,
CONNER RILEY & FRYLING

BY Andrew J. Conner
ANDREW J. CONNER, ESQUIRE
ATTORNEY FOR PLAINTIFF
17 West Tenth Street
P.O. Box 860
Erie, PA 16512-0860
(814) 453-3343

DATED: April 29, 2005.

000745-19

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

FAT HI

New

1400870

AA 45 1 1

Case Closed
 Yes No

Page: 061

 Change
 Continu

Police Agency Data	Incident Number	68601 08		Investigation Date (MM-DD-YYYY)					
	Agency Name	ERIE			10-05-2001				
	Dispatch Time (min)	Arrival Time (min)	Investigator	Badge Number					
	2336	2348	TPR DAVID J. PECK	7391					
	Reviewer	CAL WATKINS		Badge Number					
		4794		Approval Date (MM-DD-YYYY)					
		10-07-2001							
Crash Data	County	County Name	Municipality	Municipality Name	Day of Week				
	25	ERIE	213	MILLECREEK Twp	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat				
	Crash Date (MM-DD-YYYY)	Crash Time (Military)	No of Units	No of People	No Injured	No Killed	(W > O) Complete Form AA 45 F 1)		
	10-05-2001	2339	03	04	01	01			
	Reportable Crash	Not by Highway Maintenance	School Bus Related	School Zone Related	PennDOT Property				
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Unit Information	Unit Number	Delete?	Type Unit	Motor Vehicle in Transport	Hit & Run Vehicle	<input checked="" type="checkbox"/> Legally Parked	<input type="checkbox"/> Legally Parked	<input type="checkbox"/> Non-Motorized	
	01			Pedestrian	Pedestrian on Skates, in Wheelchair, etc.	<input type="checkbox"/> Disabled from Previous Crash	<input type="checkbox"/> Train	<input type="checkbox"/> Phantom Vehicle	
	Owner Last Name (If Pedestrian, skip to Form AA 45 3 f)			R	MM	Telephone Number			
	PA DMA RAJU			R	508-853-5768				
	Address	Cty		State	Zip				
	54 HARLEY DR APT #8	WORCESTER		MA	01606				
	VIN	Model Year		Vehicle Make*					
	4A3AK34Y1T6340603	1996		SUV					
	License Plate	Reg. State	Travel Speed	Tow Agency Phone					
	4363MR	MA	00	UNKNOWN					
	Insurance	Insurance Company		Policy No	Insurance Company Phone				
	Yes	No	# Un-known	LIBERTY MUTUAL	UNKNOWN	UNKNOWN			
	Vehicle Towed	Towed To	Towed By		Tow Agency Phone				
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HANNETT AUTO	HANNETT AUTO		844-825-4985				
Unit Information	Unit Number	Delete?	Type Unit	Motor Vehicle in Transport	Hit & Run Vehicle	<input checked="" type="checkbox"/> Legally Parked	<input type="checkbox"/> Legally Parked	<input type="checkbox"/> Non-Motorized	
	02			Pedestrian	Pedestrian on Skates, in Wheelchair, etc.	<input type="checkbox"/> Disabled from Previous Crash	<input type="checkbox"/> Train	<input type="checkbox"/> Phantom Vehicle	
	Owner Last Name (If Pedestrian, skip to Form AA 45 3 f)			R	MM	Telephone Number			
	NOLAN			SUN	844-745-5601				
	Address	Cty		State	Zip				
	8050 W PLAZZ RD	FAIRVIEW		PA	16415				
	VIN	Model Year		Vehicle Make*					
	4S3BK4353V6306583	1997		48					
	License Plate	Reg. State	Travel Speed	Tow Agency Phone					
	XFD 746	PA	35	UNKNOWN					
	Insurance	Insurance Company		Policy No	Insurance Company Phone				
	Yes	No	# Un-known						
	Vehicle Towed	Towed To	Towed By		Tow Agency Phone				
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HANNETT AUTO	HANNETT AUTO		844-825-4985				

EXHIBIT

"A"

000746

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

1400870

Crash Number

 New

P0163738

AA 45 1 1

Case Closed
 Yes No

Page: 002

 Change/
Continuation

P0163737

Police Agency Data	Incident Number					Police Agency	Patrol Zone																					
	E1 - 975(9)63																											
Agency Name	Precinct				Investigation Date (MM-DD-YYYY)																							
Dispatch Time (m)	Arrival Time (m)	Investigator					Badge Number																					
Reviewer					Badge Number	Approval Date (MM-DD-YYYY)																						
County	County Name	Municipality	Municipality Name					Day of Week																				
Crash Date (MM-DD-YYYY)		Crash Time (Military)		No of Units	No of People	No Injured	No Killed	(If > 00, Complete Form AA 45 F 1)	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat													
Reportable Crash <input type="checkbox"/> Yes <input type="checkbox"/> No		Not by Highway Maintenance <input type="checkbox"/> Yes <input type="checkbox"/> No		School Bus Related <input type="checkbox"/> Yes <input type="checkbox"/> No	School Zone Related <input type="checkbox"/> Yes <input type="checkbox"/> No	PennDOT Property																						
Unit Number 03	Delete? <input type="checkbox"/>	Type? Unit Pedestrian	Motor Vehicle in Transport <input type="checkbox"/> Motor Vehicle in Pedestrian	Hit & Run Vehicle <input type="checkbox"/> Hit & Run Vehicle	Illegally Parked <input type="checkbox"/> Illegally Parked	Legally Parked <input type="checkbox"/> Legally Parked	Non-Motorized <input type="checkbox"/> Non-Motorized	Commercial Vehicle <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																				
Owner Last Name (If Pedestrian, skip to Form AA 45 3 F)													City		State	Zip	VIN				Model Year				Vehicle Make			
Address													City		State	Zip	VIN				Model Year				Vehicle Make			
License Plate													Reg. State	Travel Speed	VIN				Model Year				Vehicle Make					
Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknow													Insurance Company				Policy No				Insurance Company Phone							
Vehicle Towed <input type="checkbox"/> Yes <input type="checkbox"/> No													Towed To				Towed By				Tow Agency Phone							
Unit Number 04	Delete? <input type="checkbox"/>	Type? Unit Pedestrian	Motor Vehicle in Transport <input type="checkbox"/> Motor Vehicle in Pedestrian	Hit & Run Vehicle <input type="checkbox"/> Hit & Run Vehicle	Illegally Parked <input type="checkbox"/> Illegally Parked	Legally Parked <input type="checkbox"/> Legally Parked	Non-Motorized <input type="checkbox"/> Non-Motorized	Commercial Vehicle <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																				
Owner Last Name (If Pedestrian, skip to Form AA 45 3 F) SAMINDER SINGH DBA													City		State	Zip	VIN				Model Year				Vehicle Make			
Address 3033 N WALNUT AVE STE W29													City		State	Zip	VIN				Model Year				Vehicle Make			
VIN 1XP5DB9X94D469113													Reg. State	Travel Speed	VIN				Model Year				Vehicle Make					
License Plate 1PM204													Reg. State	Travel Speed	VIN				Model Year				Vehicle Make					
Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknow													Insurance Company				Policy No				Insurance Company Phone							
Vehicle Towed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No LAKE ERIE PETERBILT													Towed To				Towed By				Tow Agency Phone							

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM 000748 1400870

Crash Number

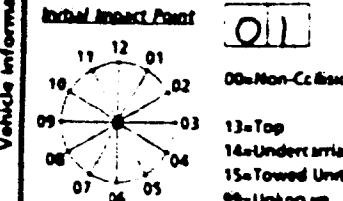
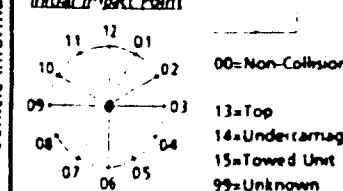
P0163738

AA 45 2 1

Page: 004

Change/
Continuation

P0163737

Unit Number Number of Trading Units	Trading Units 1=Towing Passenger Veh 2=Towing Truck 3=Towing Utility Trailer 4=Mobile or Modular Home 5=Unknown	Type of Unit 1=Towing Passenger Veh 2=Towing Truck 3=Towing Utility Trailer 4=Mobile or Modular Home 5=Unknown	5=Camper 6=Trailer 7=semi-Trailer 8=Other	7 Tag No 62201G	Tag Year 2001	Tag State OK
Vehicle Color 01=Blue 02=Red 03=White 04=Green 05=Black 06=Yellow 07=Silver	Vehicle Type 01	Vehicle Type 05	22=Horse and Buggy 23=Horse and Rider 24=Train 25=Trolley 98=Other 99=Unknown	21	Special Usage 00=Not Applicable 01=Fire Veh 02=Ambulance 03=Police 04=Other Emergency Vehicle 11=Pupil Transport	12=Commercial Passenger Carrier 13=Tand 21=Tractor Trailer 22=Tow Truck 23=Triple Tow 31=Modified Veh 99=Unknown
Initial Impact Point 	01	Damage Indicator 00=Non-Collision 01=Top 14=Undercarriage 15=Towed Unit 99=Unknown	3	Vehicle Role 0=Non-Collision 1=Striking 2=Struck 3=Both Striking and Struck	Vehicle Position 00=Not Applicable 01=Right Lane (Curb) 02=Right Turn Lane 03=Left Lane 04=Left Turn Lane 05=2-Direction Center Turn Lane 06=Other Forward Moving Lane 07=Oncoming Traffic Lane	01
Direction of Impact N=North S=South E=East W=West U=Unknown	Movement 01=Going Straight 02=Slowing/Stopping in Lane 03=Stopped in Traffic Lane 04=Passing/Overtaking Veh 05=Leaving a Parked Position 06=Parked	07=Entering a Parked Position 08=Trying to Avoid Animal, Ped. Object, Veh, etc 09=Turning Right on Red 10=Turning Right 11=Turning Left on Red 12=Turning Left 13=Making a U-Turn	14=Backing Up 15=Changing Lanes or Merging 16=Negotiating Curve - Right 17=Negotiating Curve - Left 98=Other 99=Unknown	Gradient 1	0=Downhill 4=Sag/Bottom of Hill 5=Crest/Top of Hill 9=Unknown	
Vehicle Color 01=Blue 02=Red 03=White 04=Green 05=Black 06=Yellow 07=Silver	Vehicle Type 08=Gold 09=Brown 10=Orange 11=Purple 12=Other 99=Unknown	Vehicle Type 01=Automobile 02=Motorcycle 03=Bus 04=Small Truck 05=Large Truck 10=Snowmobile	11=Farm Equip 12=Construction Equip 18=Other Type Special Veh 19=Unknown Type Special Veh 20=Unicycle, Bicycle, Tricycle 21=Other Pedalcycle	Vehicle Role 0=Non-Collision 1=Striking 2=Struck 3=Both Striking and Struck	Vehicle Position 00=Not Applicable 01=Right Lane (Curb) 02=Right Turn Lane 03=Left Lane 04=Left Turn Lane 05=2-Direction Center Turn Lane 06=Other Forward Moving Lane 07=Oncoming Traffic Lane	01
Initial Impact Point 	00=Non-Collision 01=Top 14=Undercarriage 15=Towed Unit 99=Unknown	Damage Indicator 0=Non 1=Minor (Driveable) 2=Functional (Moderate Damage, May Not be Driveable) 3=Disabling (Severe - Not Driveable) 9=Unknown	14=Backing Up 15=Changing Lanes or Merging 16=Negotiating Curve - Right 17=Negotiating Curve - Left 98=Other 99=Unknown	Gradient 1	0=Downhill 4=Sag/Bottom of Hill 5=Crest/Top of Hill 9=Unknown	
Direction of Impact N=North S=South E=East W=West U=Unknown	Movement 01=Going Straight 02=Slowing/Stopping in Lane 03=Stopped in Traffic Lane 04=Passing/Overtaking Veh 05=Leaving a Parked Position 06=Parked	07=Entering a Parked Position 08=Trying to Avoid Animal, Ped. Object, Veh, etc 09=Turning Right on Red 10=Turning Right 11=Turning Left on Red 12=Turning Left 13=Making a U-Turn	14=Backing Up 15=Changing Lanes or Merging 16=Negotiating Curve - Right 17=Negotiating Curve - Left 98=Other 99=Unknown	Alignment 1	1=Straight 2=Curved 9=Unknown	

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM 000749

1400970

Crash Number

Now

P0163737

AA 45 3 1

Page: 005

 Change/
Continuation

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Vehicle Driver/Pedestrian Information	Unit Number	Last Name	City	State	Telephone Number				
	02	NOLAN	SARASOTA	FL	561 814-474-5361				
	Address		State Zip						
	RD 1 8000 W PLATZ RD E		PA 16415						
	License Number								
	15110409								
	Alcohol/Drugs Suspected		Pedestrian Only Information						
	<input checked="" type="radio"/> No <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Medication <input type="checkbox"/> Alcohol <input type="checkbox"/> Alcohol and Drugs <input type="checkbox"/> Unknown		<input type="checkbox"/> No Pedestrian Signal <input type="checkbox"/> Not at Intersection <input type="checkbox"/> Pedestrian Signal <input type="checkbox"/> < 15' from Pedestrian						
	Alcohol Test Type		Driver's Location						
	<input checked="" type="radio"/> Test Not Given <input type="checkbox"/> Breath <input type="checkbox"/> Other <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Unknown if Test Given		<input type="checkbox"/> In Roadway <input type="checkbox"/> In Roadway <input type="checkbox"/> Marked Crosswalks <input type="checkbox"/> Not in Roadway <input type="checkbox"/> At Intersection - No Crosswalks <input type="checkbox"/> Median <input type="checkbox"/> Non-Intersection Crosswalks <input type="checkbox"/> Island <input type="checkbox"/> Driveway Access <input type="checkbox"/> Shoulder <input type="checkbox"/> Shared Pedestrian/Traffic Area <input type="checkbox"/> Sidewalk <input type="checkbox"/> Unknown						
Alcohol Test Results		Vehicle Code							
<input type="checkbox"/> Test Refused <input type="checkbox"/> Unknown Results <input type="checkbox"/> Test Given, Contaminated Results		List any Vehicle Code Section this driver has violated and mark if they were charged. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No							
Driver or Pedestrian Physical Condition		Driver Presence							
<input checked="" type="radio"/> Apparently Normal <input type="checkbox"/> Illegal Drug Use <input type="checkbox"/> Fatigue <input type="checkbox"/> Medication <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Sick <input type="checkbox"/> Asleep <input type="checkbox"/> Unknown		<input type="checkbox"/> 1=Driver Operated <input type="checkbox"/> 2=Driver Flew Scene <input type="checkbox"/> Vehicle <input type="checkbox"/> 4=Hit and Run <input type="checkbox"/> 2=No Driver <input type="checkbox"/> 5=Unknown							
Owner/Driver Code		Other							
00=Not Applicable 01=Private Vehicle Owned/ Leased by Driver 02=Private Vehicle Not Owned/Lesped by Driver		03=Rented Vehicle 04=State Police Vehicle 05=PennDOT Vehicle 06=Other State Gov Vehicle 07=Municipal Police Vehicle 99=Unknown							
01		08=Other Municipal Government Vehicle 09=Federal Gov Vehicle 98=Other							
Unit Number		Last Name	City	State	Telephone Number				
03		PADMARAJU	WORCESTER	MA	01 603				
Address									
4 ARENA ST									
License Number		Pedestrian Only Information							
364234305		<input type="checkbox"/> No Pedestrian Signal <input type="checkbox"/> Not at Intersection <input type="checkbox"/> Pedestrian Signal <input type="checkbox"/> > 15' from Pedestrian							
Alcohol/Drugs Suspected		Driver's Location							
<input checked="" type="radio"/> No <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Medication <input type="checkbox"/> Alcohol <input type="checkbox"/> Alcohol and Drugs <input type="checkbox"/> Unknown		<input type="checkbox"/> In Roadway <input type="checkbox"/> In Roadway <input type="checkbox"/> Marked Crosswalks <input type="checkbox"/> Not in Roadway <input type="checkbox"/> At Intersection - No Crosswalks <input type="checkbox"/> Median <input type="checkbox"/> Non-Intersection Crosswalks <input type="checkbox"/> Island <input type="checkbox"/> Driveway Areas <input type="checkbox"/> Shoulder <input type="checkbox"/> Shared Pedestrian/Traffic Area <input type="checkbox"/> Sidewalk <input type="checkbox"/> Unknown							
Alcohol Test Type		Vehicle Code							
<input checked="" type="radio"/> Test Not Given <input type="checkbox"/> Breath <input type="checkbox"/> Other <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Unknown if Test Given		List any Vehicle Code Section this driver has violated and mark if they were charged. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No							
Alcohol Test Results		Driver Presence							
<input type="checkbox"/> Test Refused <input type="checkbox"/> Unknown Results <input type="checkbox"/> Test Given, Contaminated Results		<input type="checkbox"/> 1=Driver Operated <input type="checkbox"/> 2=Driver Flew Scene <input type="checkbox"/> Vehicle <input type="checkbox"/> 4=Hit and Run <input type="checkbox"/> 2=No Driver <input type="checkbox"/> 5=Unknown							
Driver or Pedestrian Physical Condition		Other							
<input checked="" type="radio"/> Apparently Normal <input type="checkbox"/> Illegal Drug Use <input type="checkbox"/> Fatigue <input type="checkbox"/> Medication <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Sick <input type="checkbox"/> Asleep <input type="checkbox"/> Unknown		03=Rented Vehicle 04=State Police Vehicle 05=PennDOT Vehicle 06=Other State Gov Vehicle 07=Municipal Police Vehicle 99=Unknown							
Owner/Driver Code		08=Other Municipal Government Vehicle 09=Federal Gov Vehicle 98=Other							
60		00=Not Applicable 01=Private Vehicle Owned/ Leased by Driver 02=Private Vehicle Not Owned/Lesped by Driver							

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM 000750

1400870

Crash Number

 New

P0163738

AA 4531

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 Change/
Continuation

P0163737

Unit Number Last Name

04

SINGH

M _____

661-746-2900

Address

1639 HOOCHER RD

City

YUBA CITY

State

CA

Zip

License Number

D2839315

State

CA

License Number is unknown or
driver is not licensed, put answer

Vehicle Driver/Pedestrian Information

Alcohol/Drugs Suspected

No Illegal Drugs Medication
 Alcohol Alcohol and Drugs Unknown

Alcohol Test Type

Test Not Given Breath Other
 Blood Urine Unknown If Test Given

Alcohol Test Results

0 Test Refused Unknown Results
 Test Given, Contaminated Results

Driver or Pedestrian Physical Condition

Apparently Normal Illegal Drug Use Fatigue Medication
 Had Been Drinking Sick Asleep Unknown

Owner/Driver
Code

00=Not Applicable 03=Rented Vehicle
 01=Private Vehicle Owned/ Leased by Driver 04=State Police Vehicle
 02=Private Vehicle Not Owned/Leased by Driver 05=PennDOT Vehicle
 07=Municipal Police Vehicle 08=Other Municipal Government Vehicle
 06=Other State Gov Vehicle 09=Federal Gov Vehicle
 09=Unknown

02

Driver Present

1=Driver Operated Vehicle 3=Driver Flew Scene
 4=Hit and Run
 2=No Driver 9=Unknown

Unit Number Last Name

M _____

661-746-2900

Address

City

State

Zip

License Number

License Number is unknown or
driver is not licensed, put answer

Vehicle Driver/Pedestrian Information

Alcohol/Drugs Suspected

No Illegal Drugs Medication
 Alcohol Alcohol and Drugs Unknown

Alcohol Test Type

Test Not Given Breath Other
 Blood Urine Unknown If Test Given

Alcohol Test Results

0 Test Refused Unknown Results
 Test Given, Contaminated Results

Driver or Pedestrian Physical Condition

Apparently Normal Illegal Drug Use Fatigue Medication
 Had Been Drinking Sick Asleep Unknown

Owner/Driver
Code

00=Not Applicable 03=Rented Vehicle
 01=Private Vehicle Owned/ Leased by Driver 04=State Police Vehicle
 02=Private Vehicle Not Owned/Leased by Driver 05=PennDOT Vehicle
 07=Municipal Police Vehicle 08=Other Municipal Government Vehicle
 06=Other State Gov Vehicle 09=Federal Gov Vehicle
 09=Unknown

02

Driver Present

1=Driver Operated Vehicle 3=Driver Flew Scene
 4=Hit and Run
 2=No Driver 9=Unknown

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

1400870

Form Number

000751

PP New

P0163737

AA 4541

Page 007

 Change/
Continuation

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Information About People	A Person Type:	D Seat Position:	E Safety Equipment Used:	G Ejection:						
	1=Driver 2=Passenger 3=Pedestrian 8=Other 9=Unknown	10=Not A Passenger/Occupant 11=Driver - All Vehicles 12=Front Seat Middle Position 13=Front Seat Right Side 14=Second Row - Left Side Or Motorcycle Passenger 15=Second Row - Middle Position 16=Second Row - Right Side 17=Third Row Or Greater - Left Side 18=Third Row Or Greater - Middle Position 19=Third Row Or Greater - Right Side	00=None Used / Not Applicable 01=Shoulder Belt Used 02=Lap Belt Used 03=Lap And Shoulder Belt Used 04=Child Safety Seat Used 05=Motorcycle Helmet Used 06=Bicycle Helmet Used 10=Safety Belt Used Improperly 11=Child Safety Seat Used Improperly 12=Helmet Used Improperly 98=Restraint Used, Type Unknown 99=Unknown	0=Not Applicable 1=Not Ejected 2=Totally Ejected 3=Partially Ejected 9=Unknown						
	B Sex:	F Injury Severity:	H Ejection Path:							
	F = Female M=Male U=Unknown	0=Not Injured 1=Killed 2=Major Injury 3=Moderate Injury 4=Minor Injury 9=Unknown	0=Not Applicable 1=Through Side Door Opening 2=Through Side Windows 3=Through Windshield 4=Through Back Door 5=Through Back Door Trunk/Trunk 6=Through Head Opening (Sunroof / Convertible Top Down) 7=Through Head Opening (Convertible Top Up) 9=Unknown							
	C Injury:	I Extrication:								
	1=Fatal 2=Major Injury 3=Moderate Injury 4=Minor Injury 9=Unknown	0=Not Applicable 1=Not Extricated 2=Extricated By Mechanical Means 3=Freed By Non-Mechanical Means 8=Other 9=Unknown								
	10=Sleeper Section Of Truck/cab 11=In Other Enclosed Passenger Or Cargo Area 12=In Open Area (Back Of Pickup, Etc.) 13=Trucking Unit 14=Riding On Vehicle Exterior 15=Bus Passenger 98=Other 99=Unknown	J EMS Transport:								
	16=Air Bag Not Deployed, Switch On 17=Air Bag Not Deployed, Switch Off 18=Air Bag Not Deployed, Unit Switch Setting 19=Air Bag Removed (Prior To Crash) 99=Unknown If Air Bag Deployed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
	Unit No. Person No. Delete? Date of Birth (MM-DD-YYYY)	A B C D E F G H I								
0201 10-15-1952 1 F 3 0 1 0 3 1 0 1 0 2	Name / Address / Phone									
OPERATOR #2										
Unit No. Person No. Delete? Date of Birth (MM-DD-YYYY)	A B C D E F G H I									
0301 04-13-1978 7 M 1 0 0 0 0 0 0 0 0	Name / Address / Phone									
RAVESA PADMARAJU 4 AREVA ST WOBLESTER MA 01603										
Unit No. Person No. Delete? Date of Birth (MM-DD-YYYY)	A B C D E F G H I									
0401 06-12-1975 1 M 0 0 1 0 3 0 0 0 0	Name / Address / Phone									
OPERATOR #4										
Unit No. Person No. Delete? Date of Birth (MM-DD-YYYY)	A B C D E F G H I									
0402 05-08-1958 2 M 0 1 0 0 0 0 0 0 0	Name / Address / Phone									
SINGH GURJINDER										
Unit No. Person No. Delete? Date of Birth (MM-DD-YYYY)	A B C D E F G H I									
	Name / Address / Phone									
Unit No. Person No. Delete? Date of Birth (MM-DD-YYYY)	A B C D E F G H I									
	Name / Address / Phone									
Unit No. Person No. Delete? Date of Birth (MM-DD-YYYY)	A B C D E F G H I									
	Name / Address / Phone									
EMS Transport:										
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
EMS Transport:										
<input type="checkbox"/> Yes <input type="checkbox"/> No										
EMS Transport:										
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

000752

1400870

New

Crash Number

P0163737

AA 4551

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Change

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Type Location	Intersection Type <input checked="" type="checkbox"/> Midblock <input type="checkbox"/> 4 Way Intersection <input type="checkbox"/> T Intersection <input type="checkbox"/> On Ramp	"Y" Intersection <input type="checkbox"/> Traffic Circle <input type="checkbox"/> Round About <input type="checkbox"/> Multi-Leg Intersection <input type="checkbox"/> Off Ramp	Off Ramp <input type="checkbox"/> Crossover <input type="checkbox"/> Railroad Crossing <input type="checkbox"/> Other	Special Location <input type="checkbox"/> Not Applicable <input type="checkbox"/> Underpass <input type="checkbox"/> Ramp <input type="checkbox"/> Other	Bridge <input type="checkbox"/> Tunnel <input type="checkbox"/> Toll Booth	Cross Over Related <input type="checkbox"/> Driveway/Parking Lot <input type="checkbox"/> Ramp & Bridge <input type="checkbox"/> Unknown
Complete the Principal Road Section for all type of crashes. For crashes at intersections, enter information in the Intersecting Road Section of the 072 Section. If you have a midblock crash, you should enter information in the "Distance from Landmark" Section, the GPS Section, or the Miles/Mileage Section in the Principal Road area.						
Principal Road	County 25	Route Number 0090	Segment (Optional)	Travel Lanes 02	Speed Limit 55	House Number (if applicable) 123
	Street Name			Street Ending	Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown	
Intersecting Road	County []	Route Number []	Segment (Optional)	Travel Lanes []	Speed Limit []	Orientation <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Unknown
	Street Name			Street Ending		
Distance From Landmark	Please Enter Information for BOTH Landmarks if Using This Option: Use for Midblock Crashes	Landmark 1 Intersecting Rt Num Or Mile Post Or Intersecting Street Name	Landmark 2 Intersecting Rt Num Or Mile Post Or Segment Marker Or Intersecting Street Name	St Ending Bearing Lat. Up/Dn St Ending Bearing Lat. Up/Dn	Foot []	Or Miles []
					Distance From Crash Scene to Landmark 1 (Per Crash between Landmark 1 and Landmark 2)	
GPS	Latitude: 42 05:67.2	Minutes Seconds	Longitude: 80 09:26.2	Degrees Minutes Seconds		
TCD	Traffic Control Device <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Flashing Traffic Signal <input type="checkbox"/> Traffic Signal	Stop Sign <input type="checkbox"/> <input type="checkbox"/> Yield Sign <input type="checkbox"/> <input type="checkbox"/> Active RR Crossing Controls <input type="checkbox"/> <input type="checkbox"/> Unknown	Passive RR Crossing Controls <input type="checkbox"/> <input type="checkbox"/> Police Officer or Flagman <input type="checkbox"/> <input type="checkbox"/> Other Type TCD <input type="checkbox"/> <input type="checkbox"/> Unknown	TCD Functioning <input checked="" type="checkbox"/> No Controls <input type="checkbox"/> Device Not Functioning	Device Pk. closing <input type="checkbox"/> Improperly <input type="checkbox"/> Device Functioning Properly	Emergency Preemptive Signal <input type="checkbox"/> <input type="checkbox"/> Unknown
Work Zone	Type of Work Zone (If "Not a Work Zone", skip rest of Work Zone section) <input checked="" type="checkbox"/> Not a Work Zone <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Utility Company <input type="checkbox"/> Other	Work Zone Location <input type="checkbox"/> Before 1st Work Zone Warning Sign <input type="checkbox"/> Advance Warning Area	Transition Area <input type="checkbox"/> <input type="checkbox"/> Activity Area <input type="checkbox"/> <input type="checkbox"/> Termination Area <input type="checkbox"/> <input type="checkbox"/> Other	Work Zone (Mark all that apply) <input type="checkbox"/> Lane Closure <input type="checkbox"/> Road Closed with Detour	Work on Shoulder or Median <input type="checkbox"/> <input type="checkbox"/> Intermittent or Moving Work	Ragger Control <input type="checkbox"/> <input type="checkbox"/> Other
Lane Closure Because of Crash	Lane Closed (If "Not Applicable", skip rest of the Lane Closure section) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Partially <input checked="" type="checkbox"/> Fully <input type="checkbox"/> Unknown	Lane Closure Direction <input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> West	North and South <input type="checkbox"/> <input type="checkbox"/> East and West	Traffic Detoured <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Estimated Time Closed <input type="checkbox"/> < 30 Minutes <input type="checkbox"/> 30-60 Minutes	1-3 hours <input type="checkbox"/> <input type="checkbox"/> 3-6 hours <input type="checkbox"/> <input type="checkbox"/> 6-9 hours <input type="checkbox"/> Unknown

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1400870

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Continuation

General Crash Information	Crash Occurred:	0=Non-Collision 1=Rear End 2=Front End 3=Side Impact 4=Head On 5=Rear To Rear (Backing)	6=Angle 7=SideSwipe (Same Direction) 8=SideSwipe (Opposite Direction) 9=Hit Fixed Object 10=Hit Pedestrian 11=Hit Vehicle 12=Hit Other
	Location:	1=On Travel Lanes 2=Shoulder 3=Median 4=Roadside 5=Outside Trafficway 6=Parking Lane 7=Core (Stamp Intersection) 8=Unknown	
	Time:	1=Daylight 2=Dark - No Street Lights 3=Dark - Street Lights 4=Dusk 5=Down 6=Dark - Unknown 7=Up 8=Unknown	9=Other
	Weather Conditions:	1=No Adverse Conditions 2=Rain 3=Snow 4=Wind 5=Fog 6=Ice 7=Water - Standing or Moving	8=Hail & Fog 9=Rain & Fog 10=Other
	Road Surface Conditions:	1=Dry 2=Wet 3=Snow Covered	4=Slush 5=Ice 6=Water - Standing or Moving
Harm Event L/R Most? Utility Pole Number			Harmful Events/Actions (cont'd)
Unit No	1 1 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	31=Hit Power Or Wall 32=Hit Building 33=Hit Car/truck 34=Hit Bridge Pier Or Abutment 35=Hit Bridge End 36=Hit Bridge Rail 37=Hit Barrier Or Chateau On Roadway 38=Hit Impact Attenuator 39=Hit Fire Hydrant 39=Hit Roadway Equipment 40=Hit Mail Box 41=Hit Traffic Island 42=Hit Scene Bank 43=Hit Temporary Construction Barrier 44=Hit Other Fixed Object 45=Hit Unknown Fixed Object 50=Overturn/Roll Over 51=Struck By Thrown Or Falling Object 52=Hit Holes Or Other Pavement Irregularities 53=Hit Curb 54=Fire In Vehicle 55=Other Non-Collision 56=Unknown Harmful Event
Harm Event L/R Most? Utility Pole Number			Lights (L/R) Left Right
Unit No	1 0 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	56=Driving The Wrong Way On Lefty Street
Harm Event L/R Most? Utility Pole Number			57=Crossing Action
Unit No	1 0 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	58=Driver Was Distracted 59=Driving Using Hand Held Phone 60=Driving Using Hands Free Phone 61=Making Illegal U-Turn 62=Improper Curve Turning 63=Turning From Wrong Lane 64=Proceeding WWD 65=Running Stop Sign 66=Running Red Light 67=Failure To Respond To Other Traffic Control Device 68=Tailgating 69=Failure Steaming/Stopping 70=Improper Stopped On Road 71=Carrying Passengers Or Lane Changes 72=Passing In No Passing Zone
First Harmful Event in the Crash			73=Driving Improperly Entrance To Highway 74=Making Improper Exit From Highway 75=Curves Parking/Unparking 76=Over/Under Compensation At Curve 77=Speeding 78=Driving Too Fast For Conditions 79=Failure To Maintain Proper Speed 80=Driver Flouting Police (Police Chased) 81=Driver Impaired 82=Failure To Use Specialized Equipment 83=Other Improper Driving Actions
Environmental / Roadway Potential Factors (EIR)			Unit No 02 1 0 0 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Environmental / Roadway Potential Factors (EIR)			Unit No 04 1 0 0 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Contributing Information			Possible Vehicle Failures (V)
			00=None 01=Windy Conditions 02=Sudden Weather Conditions 03=Other Weather Conditions 04=Debris On Roadway 05=Obstacle On Roadway 06=Other Animal In Roadway 07=Glares 08=Work Zone Related
			09=Exhaust 10=Headlights 11=Signal Lights 12=Other Lights 13=Body, Doors, Hood, Etc 14=Trailer Hitch 15=Wheels 16=Airbags 17=Trailer Overloaded 18=Unsecure/Shifting Trailer Load 19=Improper Towing 20=Obstructed Windshield 99=Unknown
			Unit No 02 1 0 0 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			Unit No 04 1 0 0 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Indicated Prime Factor			Pedestrian Action (P)
Do not repeat this information on multiple pages.			00=None 01=Entering Or Crossing At Specified Location 02=Walking, Running, Jogging, Playing, Or Cycling
ER V D P			Unit No 03 07 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unit No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ER V D P			M.E.R. is the Prime Factor Type, leave Unit No Blank

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P0163738

AA 45 6 1

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General Crash Information	Crash Description	0=Non-Collision 1=Rear End	2=Head On 3=Side to Side (Backing)	4=Angle 5=Sideswipe (Same Direction)	6=Sideswipe (Opposite Direction) 7=Hit Fixed Object	8=Hit Pedestrian 9=Other/Unknown		
	Sector or 1/4 Sections	1=On Travel Lanes 2=Shoulder	3=Median 4=Roadside	5=Outside Travelway 6=Parking Lane	7=Gore (Ramp Intersection) 8=Unknown			
	Environment	1=Daylight 2=Dusk - No Street Lights	3=Dark - Street Lights 4=Dark	5=Down 6=Dusk - Unknown 7=Night	8=Other			
	Weather Conditions	1=No Adverse Conditions 2=Rain	3=Snow (Blizzard) 4=Snow	5=Fog 6=Rain & Fog	7=Wind & Fog 8=Other			
	Road Surface Conditions	0=Dry 1=Wet	2=Sand, Mud, Dirt, Oil 3=Snow Covered	4=Slush 5=Ice	6=Ice Patches 7=Water - Standing or Moving	8=Other		
Vehicle Event Information	Harm Event	LIR	Most? Utility Pole Number	Successful Contact (None Found)				
	Unit No	1 2		0=Vehicle Unit 1 1=Vehicle Unit 2 2=Vehicle Unit 3 3=Vehicle Unit 4 4=Vehicle Unit 5 5=Other Other Traffic Unit 6=Door 7=Other Animal 8=Collision With Other Non-Road Object	6=Bridge Or Wall 7=Building 8=Curb 9=Bridge Pier Or Abutment 10=Portable Sign 11=Bridge Rail 12=Shoulder Or Obstacle On Roadway 13=Impact Attenuator 14=Fire Hydrant 15=Roadway Equipment 16=Mail Box 17=Traffic Island 18=Snow Bank 19=Temporary Construction Barrier 20=Other Fixed Object 21=Unknown Fixed Object 22=Overhanging Overhanging 23=Utility Pole 24=Traffic Sign 25=Guard Rail 26=Guard Rail End 27=Curb 28=Concrete Or Longitudinal Barrier 29=Driveway			
	Please Put Events in Sequential Order	2 1 4		10=Stuck By Unit 1 11=Stuck By Unit 2 12=Stuck By Unit 3 13=Stuck By Unit 4 14=Stuck By Unit 5 15=Stuck By Other Traffic Unit 16=Tree Or Shrubbery 17=Environment 18=Utility Pole 19=Traffic Sign 20=Guard Rail 21=Guard Rail End 22=Curb 23=Concrete Or Longitudinal Barrier 24=Driveway				
		3		20=Driving The Wrong Way On One-Way Street 21=Curves Or Bends Backing On Roadway 22=Driving On The Wrong Side Of Road 23=Driving Improper Distance To Highway 24=Driving Improper Exit From Highway 25=Curves/Parking/Uncurving 26=Over/Under Compensation At Curve 27=Speeding 28=Driving Too Fast For Conditions 29=Failure To Maintain Proper Speed 30=Driver Failing Police (Police Chase) 31=Driver Impaired 32=Failure To Use Specialized Equipment 33=Other Improper Driving Actions				
		4		34=Driving The Wrong Way On One-Way Street 35=Curves Or Bends Backing On Roadway 36=Driving On The Wrong Side Of Road 37=Driving Improper Distance To Highway 38=Driving Improper Exit From Highway 39=Curves/Parking/Uncurving 40=Over/Under Compensation At Curve 41=Speeding 42=Driving Too Fast For Conditions 43=Failure To Maintain Proper Speed 44=Driver Failing Police (Police Chase) 45=Driver Impaired 46=Failure To Use Specialized Equipment 47=Other Improper Driving Actions				
Contributing Information	Crash Successful Event(s) in the Crash	Unit No	Harm Event	Most Successful Event(s) in the Crash	List No	Harm Event	Left Right On/Off Un/Unknown	
	Do not repeat this information on multiple pages.							
	Environmental / Roadway Potential Factor (EPR)	1 0 3	2	3				
	00=None 01=Windy Conditions 02=Sudden Weather Conditions 03=Other Weather Conditions 04=Deer In Roadway 05=Obstacle On Roadway 06=Other Animal In Roadway 07=Gloves 08=Work Zone Related	11=Slippery Road Conditions (Ice/Snow) 12=Substance On Roadway 13=Potholes 14=Broken Or Cracked Pavement 15=TCD Obstructed 16=Soft Shoulder Or Shoulder Drop Off 28=Other Roadway Factor 99=Unknown						
	Possible Vehicle / Device (V)	00=None 01=Tires 02=Brake System 03=Steering System 04=Suspension 05=Power Train	06=Exhaust 07=Headlights 08=Signal Lights 09=Other Lights 10=Horn 11=Mirrors	12=Wipers 13=Driver Seating/Control 14=Body, Doors, Hood, Etc 15=Trailer Hitch 16=Wheels 17=Airbags 18=Trailer Overloaded 19=Unsecure/Shifted Trailer Load 20=Improper Towing 21=Obstructed Windshield 99=Unknown				
Unit No	0 1 1 0 0	2						
Unit No	0 3 1 0 0	2						
Indicated Prime Factor	Unit No	Factor Code	Pedestrian Action (P)					
Do not repeat this information on multiple pages.			03=Working 04=Pushing Vehicle 05=Approaching Or Leaving Vehicle 06=Playing Or Walking On Vehicle 07=Standing 98=Other					
E R V D P			Unit No	0 3	0 7	Unit No		
If EPR is the Prime Factor Type, leave Unit No Blank								

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM 000755

1400870

Crash Number

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AA 45 F 1

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P0163737

Road Surface Type

Concrete Brick or Block
 Asphalt Slag, Gravel or Stone

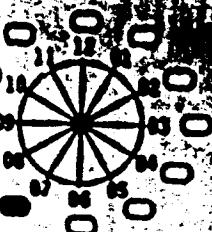
Dirt
 Other
 Unknown

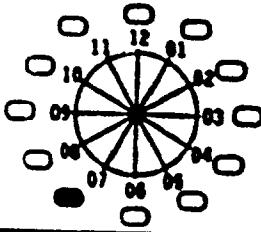
Special Jurisdiction

No Special
Jurisdiction
 National Park

Military Other Federal State
 Indian Reservation Other
 College/University Campus

Please complete Unit information for each unit involved in a fatal crash. Do not repeat the information in the fields above on multiple pages.

Unit Information	Unit Number: 01	Mobile Impact Point: 									
	<p><u>Driver Restriction Compliance</u></p> <p><input checked="" type="checkbox"/> No Restrictions/ Not Applicable <input type="checkbox"/> Restrictions Complied With <input type="checkbox"/> Not a Pennsylvania Driver <input type="checkbox"/> Requirements Not Complied With <input type="checkbox"/> Unknown Compliance</p> <p><u>Driver Endorsement Compliance</u></p> <p><input checked="" type="checkbox"/> None Required <input type="checkbox"/> Required - Complied With <input type="checkbox"/> Not a Pennsylvania Driver <input type="checkbox"/> Required - Non Compliance <input type="checkbox"/> Unknown Compliance <input type="checkbox"/> Required - Compliance Unknown</p> <p><u>Driver License Compliance</u></p> <p><input type="checkbox"/> Not Licensed <input type="checkbox"/> Not Required for Vehicle Class <input type="checkbox"/> Unit of CDL or CDL Required <input type="checkbox"/> No Valid License for Class <input type="checkbox"/> Not a Pennsylvania Driver <input type="checkbox"/> Valid License for Class <input type="checkbox"/> Unknown</p> <p><u>Drug Test Type</u></p> <p><input type="checkbox"/> Blood <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Unknown if Test Given</p> <p><u>Drug Test Results - (Up to Four Results)</u></p> <table border="0"> <tr> <td>0 = No Test Given</td> <td>5 = Amphetamines</td> </tr> <tr> <td>1 = No Drug Reported</td> <td>6 = PCP</td> </tr> <tr> <td>2 = Marijuana</td> <td>8 = Other</td> </tr> <tr> <td>3 = Cocaine</td> <td>9 = Unknown Test Results</td> </tr> <tr> <td>4 = Opiates</td> <td></td> </tr> </table>	0 = No Test Given	5 = Amphetamines	1 = No Drug Reported	6 = PCP	2 = Marijuana	8 = Other	3 = Cocaine	9 = Unknown Test Results	4 = Opiates	
0 = No Test Given	5 = Amphetamines										
1 = No Drug Reported	6 = PCP										
2 = Marijuana	8 = Other										
3 = Cocaine	9 = Unknown Test Results										
4 = Opiates											

Unit Information	Unit Number: 02	Mobile Impact Point: 									
	<p><u>Driver Restriction Compliance</u></p> <p><input checked="" type="checkbox"/> No Restrictions/ Not Applicable <input type="checkbox"/> Restrictions Complied With <input type="checkbox"/> Not a Pennsylvania Driver <input type="checkbox"/> Requirements Not Complied With <input type="checkbox"/> Unknown Compliance</p> <p><u>Driver Endorsement Compliance</u></p> <p><input checked="" type="checkbox"/> None Required <input type="checkbox"/> Required - Complied With <input type="checkbox"/> Not a Pennsylvania Driver <input type="checkbox"/> Required - Non Compliance <input type="checkbox"/> Unknown Compliance <input type="checkbox"/> Required - Compliance Unknown</p> <p><u>Driver License Compliance</u></p> <p><input type="checkbox"/> Not Licensed <input type="checkbox"/> Not Required for Vehicle Class <input type="checkbox"/> Unit of CDL or CDL Required <input type="checkbox"/> No Valid License for Class <input type="checkbox"/> Not a Pennsylvania Driver <input type="checkbox"/> Valid License for Class <input type="checkbox"/> Unknown</p> <p><u>Drug Test Type</u></p> <p><input type="checkbox"/> Blood <input type="checkbox"/> Other <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown if Test Given</p> <p><u>Drug Test Results - (Up to Four Results)</u></p> <table border="0"> <tr> <td>0 = No Test Given</td> <td>5 = Amphetamines</td> </tr> <tr> <td>1 = No Drug Reported</td> <td>6 = PCP</td> </tr> <tr> <td>2 = Marijuana</td> <td>8 = Other</td> </tr> <tr> <td>3 = Cocaine</td> <td>9 = Unknown Test Results</td> </tr> <tr> <td>4 = Opiates</td> <td></td> </tr> </table>	0 = No Test Given	5 = Amphetamines	1 = No Drug Reported	6 = PCP	2 = Marijuana	8 = Other	3 = Cocaine	9 = Unknown Test Results	4 = Opiates	
0 = No Test Given	5 = Amphetamines										
1 = No Drug Reported	6 = PCP										
2 = Marijuana	8 = Other										
3 = Cocaine	9 = Unknown Test Results										
4 = Opiates											

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM 000756

1400870

Form Number

 New

AA 45 F 1

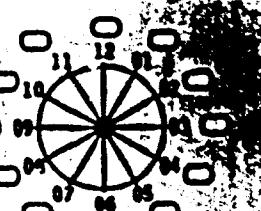
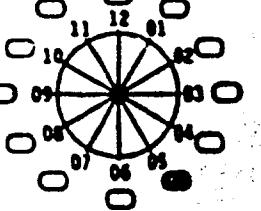
Page. 012

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Continuation

P0163737

<u>Road Surface Type</u>	<input type="checkbox"/> Brick or Block	<input type="checkbox"/> Dirt	<input type="checkbox"/> Military	<input type="checkbox"/> Other Federal States
<input checked="" type="checkbox"/> Concrete	<input type="checkbox"/> Flag, Gravel or stone	<input type="checkbox"/> Other	<input type="checkbox"/> Indian Reservation	<input type="checkbox"/> Other
<input type="checkbox"/> Blacktop	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> College/University Campus	<input type="checkbox"/> Unknown

Please complete Unit information for each unit involved in a fatal crash. Do not repeat the information in the fields above on multiple pages.

Unit Information	Unit Number	Principle Impact Point				
	03	<input type="checkbox"/> Non-Collision		<input type="checkbox"/> Top	<input type="checkbox"/> Undercarriage	<input type="checkbox"/> Towed Unit
Driver Restrictions Compliance		<input type="checkbox"/> Restrictions Compiled With	<input type="checkbox"/> Not a Pennsylvania Driver	<input type="checkbox"/> Braking - Other Evidence	<input type="checkbox"/> Other Avoidance Maneuver	
<input checked="" type="checkbox"/> No Restrictions/ Not Applicable		<input type="checkbox"/> Restrictions Not Compiled With	<input type="checkbox"/> Unknown Compliance	<input type="checkbox"/> Steering - Evidence or Driver Stated	<input type="checkbox"/> Inconclusive	
Driver Endorsement Compliance		<input type="checkbox"/> Required - Compiled With	<input type="checkbox"/> Not a Pennsylvania Driver	<input type="checkbox"/> Steering and Braking Evidence or Stated	<input type="checkbox"/> Unknown	
<input checked="" type="checkbox"/> None Required		<input type="checkbox"/> Required - Non Compliance	<input type="checkbox"/> Unknown Compliance			
Driver License Compliance		<input type="checkbox"/> Required - Compiled With	<input type="checkbox"/> Not a Pennsylvania Driver			
<input type="checkbox"/> Not Licensed		<input type="checkbox"/> Required - Non Compliance	<input type="checkbox"/> Unknown Compliance			
Drug Test Type		<input type="checkbox"/> Blood	<input type="checkbox"/> Other	<input type="checkbox"/> Override, Other Vehicle		
<input checked="" type="checkbox"/> None		<input type="checkbox"/> Urine	<input type="checkbox"/> Unknown if Test Given	<input type="checkbox"/> Unknown if Underride or Override		
Drug Test Results - (Up to Four Results)		<input type="checkbox"/> 0 = No Test Given	<input type="checkbox"/> 5 = Amphetamine	<input type="checkbox"/> Both Lights and Siren		
		<input type="checkbox"/> 1 = No Drug Reported	<input type="checkbox"/> 6 = PCP	<input type="checkbox"/> Siren Sounding		
		<input type="checkbox"/> 2 = Marijuana	<input type="checkbox"/> 8 = Other			
		<input type="checkbox"/> 3 = Cocaine	<input type="checkbox"/> 9 = Unknown Test Results			
		<input type="checkbox"/> 4 = Opiates				
Unit Information	Unit Number	Principle Impact Point				
	04	<input type="checkbox"/> Non-Collision		<input type="checkbox"/> Top	<input type="checkbox"/> Undercarriage	<input type="checkbox"/> Towed Unit
Driver Restrictions Compliance		<input type="checkbox"/> Restrictions Compiled With	<input type="checkbox"/> Not a Pennsylvania Driver	<input type="checkbox"/> Braking - Other Evidence	<input type="checkbox"/> Other Avoidance Maneuver	
<input checked="" type="checkbox"/> No Restrictions/ Not Applicable		<input type="checkbox"/> Restrictions Not Compiled With	<input type="checkbox"/> Unknown Compliance	<input type="checkbox"/> Steering - Evidence or Driver Stated	<input type="checkbox"/> Inconclusive	
Driver Endorsement Compliance		<input type="checkbox"/> Required - Compiled With	<input type="checkbox"/> Not a Pennsylvania Driver	<input type="checkbox"/> Steering and Braking Evidence or Stated	<input type="checkbox"/> Unknown	
<input checked="" type="checkbox"/> None Required		<input type="checkbox"/> Required - Non Compliance	<input type="checkbox"/> Unknown Compliance			
Driver License Compliance		<input type="checkbox"/> Required - Compiled With	<input type="checkbox"/> Not a Pennsylvania Driver			
<input type="checkbox"/> Not Licensed		<input type="checkbox"/> Required - Non Compliance	<input type="checkbox"/> Unknown Compliance			
Drug Test Type		<input type="checkbox"/> Blood	<input type="checkbox"/> Other	<input type="checkbox"/> Override, Other Vehicle		
<input checked="" type="checkbox"/> None		<input type="checkbox"/> Urine	<input type="checkbox"/> Unknown if Test Given	<input type="checkbox"/> Unknown if Underride or Override		
Drug Test Results - (Up to Four Results)		<input type="checkbox"/> 0 = No Test Given	<input type="checkbox"/> 5 = Amphetamine	<input type="checkbox"/> Both Lights and Siren		
		<input type="checkbox"/> 1 = No Drug Reported	<input type="checkbox"/> 6 = PCP	<input type="checkbox"/> Siren Sounding		
		<input type="checkbox"/> 2 = Marijuana	<input type="checkbox"/> 8 = Other			
		<input type="checkbox"/> 3 = Cocaine	<input type="checkbox"/> 9 = Unknown Test Results			
		<input type="checkbox"/> 4 = Opiates				

1400870 Crash Number

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM 000757 Date

AA 45 C 1	Page: 013	Change/ Continuation	PO 163737																																														
Unit Number 014			Carrier Phone (661) 835-9146																																														
Carrier Name ISD TRANSPORTATION																																																	
Address 3033 N WALNUT AVE STE W219			GWR 080000																																														
City OKLAHOMA CITY			State OK	Zip 73105																																													
USDOT # 784540	ICC # 350472	PUC #																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Cargo Body Type</td> <td colspan="3">Vehicle Configuration</td> </tr> <tr> <td><input type="checkbox"/> Not Applicable</td> <td><input type="checkbox"/> Flat Bed</td> <td><input type="checkbox"/> Auto Transport</td> <td colspan="2"><input type="checkbox"/> Truck Tractor (Bobtail)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Van/Enclosed Box</td> <td><input type="checkbox"/> Dump</td> <td><input type="checkbox"/> Garbage/Refuse</td> <td colspan="2"><input type="checkbox"/> Tractor/Semi-Trailer(s)</td> </tr> <tr> <td><input type="checkbox"/> Cargo Tank</td> <td><input type="checkbox"/> Concrete Mixer</td> <td><input type="checkbox"/> Bus</td> <td colspan="2"><input type="checkbox"/> Medium/Heavy Truck - Cannot Classify</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other/Unknown</td> <td colspan="2"><input type="checkbox"/> Small Bus (Seats 9-15 People, Including Driver)</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Hazardous Material <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td colspan="2"><input type="checkbox"/> Bus (Seats More Than 15 People, Including the Driver)</td> </tr> <tr> <td colspan="3">Enter 4-digit hazardous material code and corresponding 1-digit release indicator</td> <td colspan="2"><input type="checkbox"/> Other</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td colspan="2"><input type="checkbox"/> Unknown</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> <td colspan="2"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>					Cargo Body Type		Vehicle Configuration			<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Flat Bed	<input type="checkbox"/> Auto Transport	<input type="checkbox"/> Truck Tractor (Bobtail)		<input checked="" type="checkbox"/> Van/Enclosed Box	<input type="checkbox"/> Dump	<input type="checkbox"/> Garbage/Refuse	<input type="checkbox"/> Tractor/Semi-Trailer(s)		<input type="checkbox"/> Cargo Tank	<input type="checkbox"/> Concrete Mixer	<input type="checkbox"/> Bus	<input type="checkbox"/> Medium/Heavy Truck - Cannot Classify		<input type="checkbox"/> Other/Unknown			<input type="checkbox"/> Small Bus (Seats 9-15 People, Including Driver)		<input type="checkbox"/> Hazardous Material <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Bus (Seats More Than 15 People, Including the Driver)		Enter 4-digit hazardous material code and corresponding 1-digit release indicator			<input type="checkbox"/> Other		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> Unknown		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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Address	() - 																																																
City	State	Zip	GWR																																														
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COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

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Crash Number

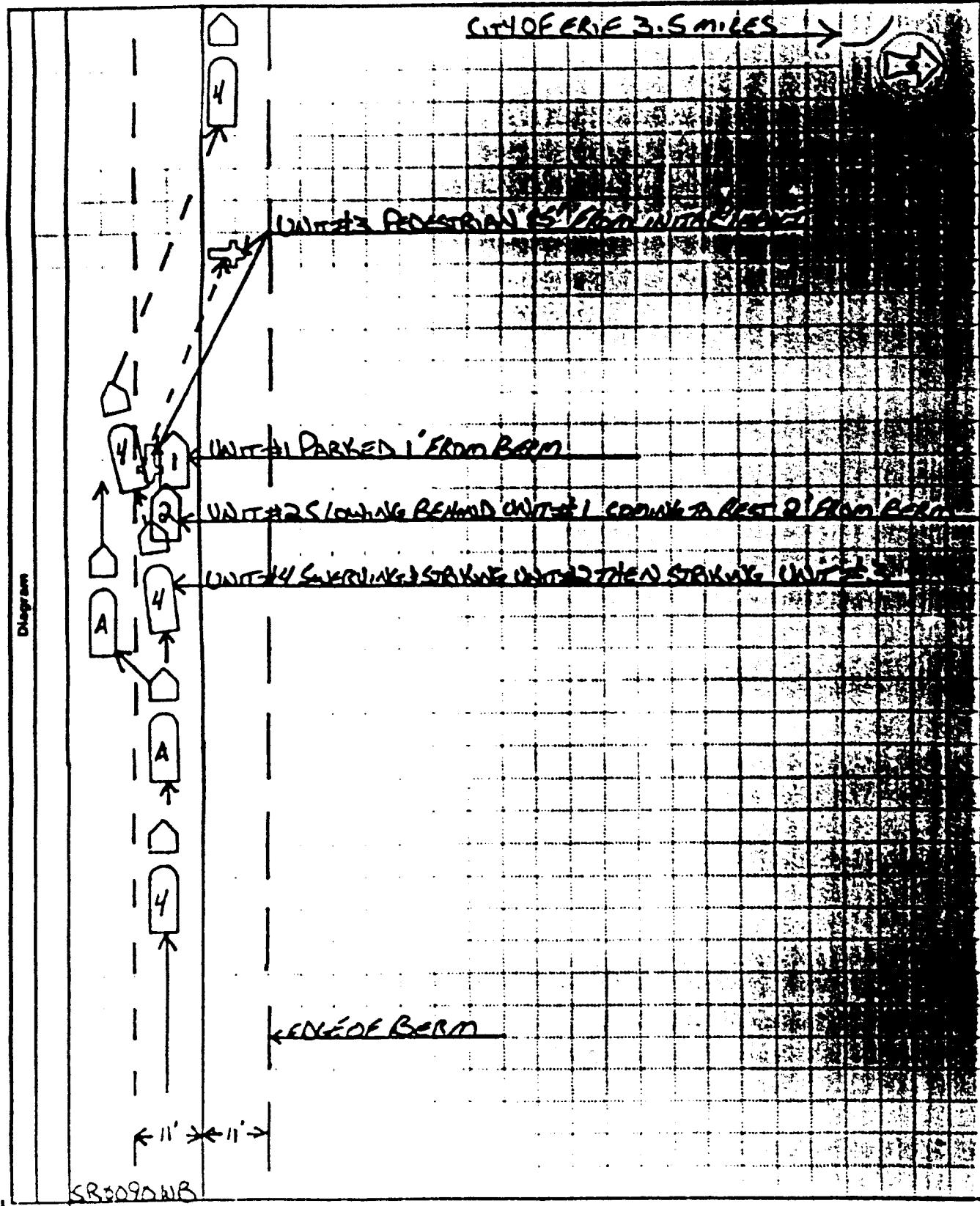
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COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

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Page: 013

1400870

Crash Number

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Place emergency transport, witness, and other information here. It is not required to restate information from the form.

Responding EMS Agency

KUTT HOSE COMPANY

Medical Facility:

HANOT MEDICAL CENTER

Address 1

Address

Phone:

Witness 2

Address

Phone:

Narrative

UNIT #1 NO CELL PHONE PRESENT

UNIT #2 CELL PHONE PRESENT, NOT IN USE

UNIT #3 CELL PHONE PRESENT UNKNOWN USAGE

UNIT #4 CELL PHONE PRESENT, NOT IN USE

WITNESS INFORMATION AND NARRATIVE

UNIT #1 WAS ILLEGALLY PARKED IN NORTH WEST BOUND LANE OF SROOFS. UNIT #2 WAS TRAVELING WEST BOUND IN THE ABORD LANE OF SROOFS APPROACHING PARKED UNIT #1. UNIT #3, A PEDESTRIAN WAS OUTSIDE OF HIS UNIT #1 IN THE ROADWAY NEXT TO OPEN DOOR OF UNIT #1. UNIT #4 WAS WEST BOUND IN THE NORTH LANE OF SROOFS BEHIND UNIT #1 WHICH WAS ALSO WEST BOUND IN THE NORTH LANE APPROACHING LOCATION OF UNIT #1. UNIT #4 STRUCK UNIT #2 WITH CAR AND STRUCK UNIT #3 AND #1 WITH TRAILER AND DROVE TO REAR ON NORTH SIDE OF SROOFS WB. UPON BEING STRUCK BY UNIT #4 UNIT #2 STRUCK UNIT #1 AND CAME TO REST IN NORTH LANE OF SROOFS WB UPON BEING STRUCK BY UNIT #4. UNIT #3, A PEDESTRIAN WAS TOWARD APPROXIMATELY 85' TO THE NORTH BEND OF SROOFS WB. (UNIT #1 REMAINED IN PLACE, OPEN DRIVERS SIDE DOOR BEING TORN FROM UNIT #1).

OPERATOR #2 WAS INTERVIEWED AT THE SCENE AND STATED AT 2355 RETERS, SHE WAS TRAVELING WEST BOUND IN THE NORTH LANE. SHE OBSERVED UNIT #1 STOPPED IN THE LANE AND AN INDIVIDUAL OUTSIDE OF THE VEHICLE WALKING AROUND WITH DOOR OF UNIT #1 OPEN ON DRIVERS SIDE. SHE BEGAN TO SLOW HER VEHICLE UPON APPROACHING TO UNIT #1 AND PEDESTRIAN AT WHICH TIME SHE WAS STRUCK FROM BEHIND BY ANOTHER UNIT.

OPERATOR #4 WAS INTERVIEWED AT THE SCENE AND STATED AT 0035 RELATED HE WAS TRAVELING WEST BOUND ON SROOFS BEHIND ANOTHER TRACTOR TRAILER. THE TRACTOR TRAILER IN FRONT OF HIS UNIT QUICKLY SWERVED INTO THE SOUTH WEST BOUND LANE AT WHICH TIME HE OBSERVED UNIT #2 SLOWING, UNIT #1 STOPPED AND A PEDESTRIAN STANDING NEXT TO THE DRIVERS SIDE OF UNIT #1 IN THE ROADWAY. HE ATTEMPTED TO SWERVE INTO THE SOUTH LANE BUT HIS CAB STRUCK UNIT #2. HE WAS UNAWARE HIS TRAILER STRUCK THE PEDESTRIAN OR UNIT #1.

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM 000760

Crash Number

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Page 016

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- Changed
- Continuation
- Delete Page

P0163737

Place emergency transport, witness, and other information here. It is not required to restate information from the form.

Responding EMS Agency	Medical Facility:	
Witness 1	Address:	Phone:
Witness 2	Address:	Phone:

DAMAGE NOTES / EVIDENCE

UNIT #2 HAD EXTENSIVE DAMAGE TO LEFT REAR PORTION OF UNIT AND SLIGHT DAMAGE TO FRONT.

UNIT #1 HAD SLIGHT DAMAGE TO REAR AND EXTENSIVE DAMAGE TO DRIVERS SIDE INCLUDING DOOR REMOVED DUE TO IMPACT WHILE OPEN.

UNIT #4 HAD MODERATE DAMAGE TO RIGHT FRONT OF CAR BUMPER AREA AND DAMAGE TO DUAL WHEEL TRAILER AREA. SIDE FROM UNIT #3 PEDESTRIAN WAS STRUCK BETWEEN THE TRAILER TIRES.

10/6/01 @ 0340 UNIT #1 AND CONTENTS WERE INVENTORIED AND ENTERED INTO PROPERTY NUMBER EL15285.

10/6/01 @ 0400 KORA TIMON FROM 206 ERIC COUNTY CORONERS OFFICE INFORMED ME UNIT #3, THE PEDESTRIAN PADMARAJU WAS PROBABLY DEAD AT HAMOT HOSPITAL DUE TO EXTENSIVE INTERNAL INJURIES. COPY OF THIS REPORT TO BE FAXED TO CORONERS OFFICE.

10/6/01 @ 0550 WORCESTER MA P.D. OFFICER DIAZ ADVISED ROOMMATE OF PADMARAJU OF THE ACCIDENT AND TO CONTACT HAMOT HOSPITAL.

10/6/01 @ 2300 I SPOKE TO RAVI VEGASNA 2022 LIPPIST WEST BLOOMFIELD 248-538-7117 & 248-894-165437 BROKER IN LAW OF PADMARAJU. INFORMED VEGASNA OF CIRCUMSTANCES OF ACCIDENT AND THAT UNIT #1 AND CONTENTS NEEDS TO BE CLAIMED. VEGASNA WILL CONTACT IMMEDIATE FAMILY IN INDIA AND SCHEDULE CLAIMING OF PROPERTY.

ON 10/3/01 @ 1704 PRIOR TO SUBMISSION OF THIS REPORT FAX RECEIVED FROM ERIC COUNTY CORONER'S OFFICE INDICATE PADMARAJU DIED FROM BLUNT FORCE TRAUMA TO HEAD AND TRUNK.

Witness Information and Narrative

SP 7-CJ-7 (3-2001)

PENNSYLVANIA STATE POLICE
PROPERTY RECORD

1. STATUS	<input checked="" type="checkbox"/> EVIDENCE	<input type="checkbox"/> FOUND	<input type="checkbox"/> RECOVERED	<input type="checkbox"/> RECEIVED	<input type="checkbox"/> OTHER	SEARCHED	INDEXED	SERIALIZED	FILED
2. SUBMITTING OFFICER	T. B. J. D.				RECEIVED				
3. INVESTIGATING OFFICER	T. B. J. D.				White				
4. FOUND OR RECOVERED FROM/THROUGH	FBI - WILMINGTON				LABORATORY				
5. ADDRESS	1000 N. MARKET ST.				WILMINGTON, DE 19801				
6. LOCATION					TELEPHONE NO. (302) 428-1115				
7. PROPERTY DETAILS	1. PROPERTY ROOM 2. SAFETY DEPOSIT BOX 3. EXPLOSIVE/HAZARDOUS				1. DESTROYED 2. REDEEMABLE 3. EXPIRED IN LABORATORY				
8. CODES					4. RELEASED TO OWNER/POW 5. DONATED 6. FORTRESS 7. OTHER				
9. ITEMS - (ONE ITEM PER LINE)					10. PROPERTY	11. TYPE	12. CODE	13. QUANTITY	
1000870					11967	03		1	
1	11967-25K4/353V6301-663				2				
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PROPERTY RECORD CONTINUATION												INCIDENT NO.		DISPOSITION INVENTORY NO.													
EVIDENCE <input type="checkbox"/> FOUND <input type="checkbox"/> RECOVERED <input type="checkbox"/> RECEIPT <input type="checkbox"/> OTHER		1. OFFICER SUBMITTING OFFICER 7/12/03 W.D. J. C. C.		2. BADGING OFFICER 7/21/03 P.C. CH315 A-3330 T-7 BADGE NO. 6371		3. DATE EXPIRE NO. 6/30/04		4. DATE 6/30/04		5. STANDARD OFFICE CALIFORNIA		6. DATE 6/30/04		7. INCIDENT NO. EL-17-563		8. DISPOSITION INVENTORY NO. EL-15285											
10. INVESTIGATING OFFICER T.P.C. J.A.W. J. C. C.		11. SIGNATURE OF INVESTIGATOR <i>J. C. C.</i>		12. FOUND OR RECOVERED FROM SIGNATURE ADDRESS		13. DATE TELEPHONE NO.		14. DATE LOCATION		15. DATE TIME		16. DATE TIME		17. DATE TIME		18. DATE TIME											
ITEMS - (ONE ITEM PER LINE)												1. DESTROYED 2. ESCHATOSA 3. EXPUNGED TO LABORATORY		4. RELEASED TO COMMISSIONER 5. DONATED 6. EXCAVATED 7. OTHER		8. PROPERTY CODES		9. CODE		10. QUANTITY		11. VALUE		12. STORAGE AREA CODE		13. DISPOSITION CODE	
CODES												1. PROPERTY ROOM 2. SAFETY DEPOT BOX 3. EXPLOSIVE MAGAZINE				1. PROPERTY TYPE		2. CODE		3. QUANTITY		4. VALUE		5. AREA CODE		6. DISPOSITION CODE	
14. CODES												1. PROPERTY ROOM 2. SAFETY DEPOT BOX 3. EXPLOSIVE MAGAZINE				1. PROPERTY TYPE		2. CODE		3. QUANTITY		4. VALUE		5. AREA CODE		6. DISPOSITION CODE	
15. CODES												1. PROPERTY ROOM 2. SAFETY DEPOT BOX 3. EXPLOSIVE MAGAZINE				1. PROPERTY TYPE		2. CODE		3. QUANTITY		4. VALUE		5. AREA CODE		6. DISPOSITION CODE	
16. CODES												1. PROPERTY ROOM 2. SAFETY DEPOT BOX 3. EXPLOSIVE MAGAZINE				1. PROPERTY TYPE		2. CODE		3. QUANTITY		4. VALUE		5. AREA CODE		6. DISPOSITION CODE	
17. CODES												1. PROPERTY ROOM 2. SAFETY DEPOT BOX 3. EXPLOSIVE MAGAZINE				1. PROPERTY TYPE		2. CODE		3. QUANTITY		4. VALUE		5. AREA CODE		6. DISPOSITION CODE	
18. CODES												1. PROPERTY ROOM 2. SAFETY DEPOT BOX 3. EXPLOSIVE MAGAZINE				1. PROPERTY TYPE		2. CODE		3. QUANTITY		4. VALUE		5. AREA CODE		6. DISPOSITION CODE	
19. CODES												1. PROPERTY ROOM 2. SAFETY DEPOT BOX 3. EXPLOSIVE MAGAZINE				1. PROPERTY TYPE		2. CODE		3. QUANTITY		4. VALUE		5. AREA CODE		6. DISPOSITION CODE	
20. CODES												1. PROPERTY ROOM 2. SAFETY DEPOT BOX 3. EXPLOSIVE MAGAZINE				1. PROPERTY TYPE		2. CODE		3. QUANTITY		4. VALUE		5. AREA CODE		6. DISPOSITION CODE	
21. CODES												1. PROPERTY ROOM 2. SAFETY DEPOT BOX 3. EXPLOSIVE MAGAZINE				1. PROPERTY TYPE		2. CODE		3. QUANTITY		4. VALUE		5. AREA CODE		6. DISPOSITION CODE	
22. CODES												1. PROPERTY ROOM 2. SAFETY DEPOT BOX 3. EXPLOSIVE MAGAZINE				1. PROPERTY TYPE		2. CODE		3. QUANTITY		4. VALUE		5. AREA CODE		6. DISPOSITION CODE	
23. CODES												1. PROPERTY ROOM 2. SAFETY DEPOT BOX 3. EXPLOSIVE MAGAZINE				1. PROPERTY TYPE		2. CODE		3. QUANTITY		4. VALUE		5. AREA CODE		6. DISPOSITION CODE	
24. CODES												1. PROPERTY ROOM 2. SAFETY DEPOT BOX 3. EXPLOSIVE MAGAZINE				1. PROPERTY TYPE		2. CODE		3. QUANTITY		4. VALUE		5. AREA CODE		6. DISPOSITION CODE	
25. CODES												1. PROPERTY ROOM 2. SAFETY DEPOT BOX 3. EXPLOSIVE MAGAZINE				1. PROPERTY TYPE		2. CODE		3. QUANTITY		4. VALUE		5. AREA CODE		6. DISPOSITION CODE	
26. CODES												1. PROPERTY ROOM 2. SAFETY DEPOT BOX 3. EXPLOSIVE MAGAZINE				1. PROPERTY TYPE		2. CODE		3. QUANTITY		4. VALUE		5. AREA CODE		6. DISPOSITION CODE	
27. CODES												1. PROPERTY ROOM 2. SAFETY DEPOT BOX 3. EXPLOSIVE MAGAZINE				1. PROPERTY TYPE		2. CODE		3. QUANTITY		4. VALUE		5. AREA CODE		6. DISPOSITION CODE	
28. CODES												1. PROPERTY ROOM 2. SAFETY DEPOT BOX 3. EXPLOSIVE MAGAZINE				1. PROPERTY TYPE		2. CODE		3. QUANTITY		4. VALUE		5. AREA CODE		6. DISPOSITION CODE	
29. CODES												1. PROPERTY ROOM 2. SAFETY DEPOT BOX 3. EXPLOSIVE MAGAZINE				1. PROPERTY TYPE		2. CODE		3. QUANTITY		4. VALUE		5. AREA CODE		6. DISPOSITION CODE	
30. CODES												1. PROPERTY ROOM 2. SAFETY DEPOT BOX 3. EXPLOSIVE MAGAZINE				1. PROPERTY TYPE		2. CODE		3. QUANTITY		4. VALUE		5. AREA CODE		6. DISPOSITION CODE	
31. CLAIMANT'S NAME J. C. C.												32. CLAIMANT'S SIGNATURE <i>J. C. C.</i>		33. OFFICER'S SIGNATURE - BADGE NO. Sgt. G. H. C. C.		34. OFFICER'S RANK Sergeant		35. REMOVAL CODE & LOCATION EL-17-563		36. ESTIMATED DATE OF RETURN 6/30/04		37. COMPUTER ENTRY 6/30/04		38. TELEPHONE NO. 714-555-1234			
I HEREBY CERTIFY THAT I AM THE OWNER OF PROPERTY OR AUTHORIZED AGENT TO SIGN AND RETURN THIS												39. CLAIMANT'S NAME J. C. C.		40. CLAIMANT'S SIGNATURE <i>J. C. C.</i>		41. OFFICER'S SIGNATURE Sgt. G. H. C. C.		42. OFFICER'S RANK Sergeant		43. REMOVAL CODE & LOCATION EL-17-563		44. ESTIMATED DATE OF RETURN 6/30/04		45. COMPUTER ENTRY 6/30/04			

000763

SL-02 18. 08 100

PENNSYLVANIA STATE POLICE
WAIVER OF RIGHTS AND CONSENT TO SEARCH

1400870

E ERIC
FEDERAL BUREAU OF INVESTIGATIONEL 975563
INCIDENT NUMBER(1) PLACE(S), ITEM(S) OR VEHICLE(S) TO BE SEARCHED: 2000 PeterbiltVIN NPSDB9X9YD469113

ADDRESS OR LOCATION: _____

(2) ITEMS TO BE SEARCHED FOR AND SEIZED, IF FOUND: Log Books or any otherDocumentation

(3) I, Saminder Pal Singh, HAVE BEEN REQUESTED BY TAB-DEPT-1 P OF THE PENNSYLVANIA STATE POLICE TO GIVE MY CONSENT FOR POLICE OFFICERS TO SEARCH PLACE(S), ITEM(S) OR VEHICLE(S) DESCRIBED ABOVE FOR THE ITEMS DESCRIBED ABOVE. I HAVE BEEN TOLD THAT I DO NOT HAVE TO GIVE MY CONSENT. I UNDERSTAND THAT I HAVE THE RIGHT TO REFUSE THIS REQUEST AND THAT THE POLICE MAY NOT BE ABLE TO CONDUCT THIS SEARCH WITHOUT A SEARCH WARRANT UNLESS I GIVE MY CONSENT. NOTWITHSTANDING, I VOLUNTARILY GIVE MY CONSENT TO THE POLICE TO CONDUCT THIS SEARCH.

- (4) I am the owner of the place(s), item(s) or vehicle(s) to be searched.
- (5) I rent or lease the place(s), item(s) or vehicle(s) to be searched from another person.
- (6) With the permission of the owner, I have equal access and control over the place(s), item(s) or vehicle(s) to be searched.

(7) I also understand that in addition to the items described above, if the following is found it may also be seized:

- (1) any contraband, the fruits of a crime or things otherwise criminally possessed.
- (2) property which is or has been used as the means of committing a criminal offense.
- (3) property which constitutes evidence of the commission of a criminal offense.

(8) No one, including anyone from the Pennsylvania State Police or any other police officer, has threatened me in any way, nor has anything been promised to me in return for giving my consent to conduct this search.

WITNESS(ES)

CONSECTOR

Saminder Pal Singh
PRINT NAMEX Saminder Pal Singh
SIGNATURE3105 SLATERFIELD AVEBAKERSFIELD, CA 93313STATE OF CALIFORNIA

DATE

TIME

DATE

TIME

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P0314037

P0163738

Police Agency Data	Police Agency Name			Police Agency	Patrol Zone					
	E1 - 975563			68 E 01	008					
PA State Police			Precinct	E1, E	Investigation Date (MM-DD-YYYY)					
Investigator			SG: Dennis J. Kny 4242		01-51-2002					
Badge Number			5300		Badge Number					
Report Date			Approval Date (MM-DD-YYYY)		02-01-2001					
Dennis J. Kny 4242			5300		02-01-2001					
Crash Data	County		Municipality		Municipality Name					
	Crash Date (MM-DD-YYYY)		Crash Time (Military)		No of Units	No of People	No Injured	No Killed / (if > 00, Complete Form AA 45 F 1)		
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Reportable Crash		Notify Highway Maintenance		School Bus Related		School Zone Related		PennDOT Related		
<input type="checkbox"/> Yes		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Unit Number		Delete? Type Unit		Motor Vehicle in Transport Pedestrian		Hit & Run Vehicle Pedestrian on Skates, in Wheelchair, etc.		Illegally Parked Disabled From Previous Crash		
Owner Last Name (if Pedestrian, skip to Form AA 45 C 1)										
Address				City		State Zip		Telephone Numbers		
VIN										
License Plate				Reg. State Travel Speed		Model Year		Vehicle Make*		
Insurance		Insurance Company		Policy No				Insurance Company Phone		
<input type="checkbox"/> Yes		<input type="checkbox"/> No		Un-known		Towed By		Tow Agency Phone		
Vehicle Towed		Towed To								
<input type="checkbox"/> Yes		<input type="checkbox"/> No								
Unit Information	Unit Number		Delete? Type Unit		Motor Vehicle in Transport Pedestrian		Hit & Run Vehicle Pedestrian on Skates, in Wheelchair, etc.		Illegally Parked Disabled From Previous Crash	
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Address				City		State Zip		Telephone Number		
VIN										
License Plate				Reg. State Travel Speed		Model Year		Vehicle Make*		
Insurance		Insurance Company		Policy No				Insurance Company Phone		
<input type="checkbox"/> Yes		<input type="checkbox"/> No		Un-known		Towed By		Tow Agency Phone		
Vehicle Towed		Towed To								
<input type="checkbox"/> Yes		<input type="checkbox"/> No								

COMMONWEALTH OF PENNSYLVANIA 000274
POLICE CRASH REPORTING FORM

P0314045

AA 45 3 1

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Change/
Continuation

P0163738

04 SINGH

Age

30348 Maestra Ave

License Number

B9690016

Any Drugs Suspected

 No
 Alcohol

Illegal Drugs

 Medication

Alcohol and Drugs

 Unknown

Alcohol Test Type

 Test Not Given
 Blood

Breath

 Other Unknown if Test Given

Test Refused

 Unknown ResultsTest Given,
Contaminated Results

Asleep

 Unknown

Driver or Pedestrian Physical Condition

 Apparently Normal
 Had Been Drinking

Illegal Drug Use

 Fatigue Medication

Sick

 Asleep Unknown

Owner Driver Code

00=Not Applicable
01=Private Vehicle Owned/
Leased by Driver
02=Private Vehicle Not
Owned/Leased by Driver

03=Rented Vehicle

04=State Police Vehicle

05=PennDOT Vehicle

06=Other State Gov Vehicle

07=Municipal Police Vehicle

08=Other Municipal
Government Vehicle

09=Federal Gov Vehicle

98=Other

99=Unknown

Pedestrian Only Information

Pedestrian Signal at Scene of Crash

 No Pedestrian Signal
 Pedestrian Signal Not at Intersection

Pedestrian Location

 In Roadway
 At Intersection - No Crosswalks
 Non-Intersection Crosswalks
 Driveway Access
 Off Road
 Median
 Island
 Shoulder
 Sidewalk
 < 10 Feet Off Road
 > 10 Feet Off Road
 Outside Trafficway
 Shared Paths/ Trails
 Unknown

Vehicle Code List any Vehicle Code Section this driver has violated and mark if they were charged

 Yes No
 Yes No

Unit Number Last Name

FL MI Telephone Number

Address

City

State

Zip

License Number

State

Zip

If License Number is unknown or
driver is not licensed, see manual

Any Drugs Suspected

 No
 Alcohol

Illegal Drugs

 Medication

Alcohol and Drugs

 Unknown

Alcohol Test Type

 Test Not Given
 Blood

Breath

 Other Unknown if Test Given

Any Test Result

0.

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07=Municipal Police Vehicle

08=Other Municipal
Government Vehicle

09=Federal Gov Vehicle

98=Other

99=Unknown

Driver Presence

 1=Driver Operated 3=Driver Fleed Scene
Vehicle Hit and Run
 2=No Driver 9=Unknown

COMMONWEALTH OF PENNSYLVANIA
POLICE CRASH REPORTING FORM

000275

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Delete Page

EI-975563

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P O 1 6 3 7 3 8

You may add comments, notes, and other information here. It is not required to restate information from the form.

Medical Facility:

Address:

Phone:

Address:

Phone:

At the Request of The Original Misidentification Operator of Unit #4 Who Happens To Have The Same Name, MANDEEP SINGH. The Owner of The Truck (Unit #4) Was Contacted As To The Correct Identity of The Driver Involved in This Accident.

He Identified, MANDEEP SINGH, DOB - 3/10/79, As The Actual Driver Involved in This Accident.

The Operator That Was Misidentified Was Recontacted and Advised The Accidents Report Would Be Updated With The Correct Operator Information.

This Case Will Remain open Pending Future Investigation.

